

**KENTUCKY TEACHERS' RETIRMENT SYSTEM  
AUTHORIZATION FOR RELEASE OF INFORMATION/QDRO**

**The Kentucky Teachers' Retirement System (KTRS) is hereby authorized to provide the following individuals:** (include complete address)

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**with the following records or information:**

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I further authorize KTRS' employees to discuss records provided pursuant to this Authorization with the individual(s) named above.

I agree to release and hold KTRS harmless from any liability whatsoever that may arise from the release of records or information under this Authorization, including any release of information based upon this Authorization made after the date this Authorization is no longer valid. Said release shall be binding upon me, and my spouse, successors, heirs and assigns.

This Authorization shall be valid for **sixty (60) days** after the date of receipt by KTRS. A new Authorization shall be provided for information requests made thereafter. A photocopy of this Authorization may be used and shall have the same force and effect as the original.

**Member Name (printed)** \_\_\_\_\_

**KTRS Member Number** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Is this information being provided for a possible dissolution of marriage?** Yes \_\_\_\_ No \_\_\_\_

**Date of Marriage** \_\_\_\_\_ **Date of Decree** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be valid, this Authorization must be signed and dated in front of a disinterested witness.**

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_